State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Client (leave bl	ank if Statement is fo	ration: or the partnership, firm, or c	corporation and not related to any
Date of Report (check o	ne):		
April 24, 2013 □	July 31, 2013 □	October 30, 2013 □	January 29, 2014 □
			d Expenses described above, and mber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n			t and each Addendum is true and
(Signature of lobbyist)			(Date)
(Print Name of lobbyist)			